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CONFIRMATION NO. 3185

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|---|---|-------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>10/761,071  | <b>FILING OR 371(c) DATE</b><br>01/20/2004<br><b>RULE</b>   | <b>CLASS</b><br>514           | <b>GROUP ART UNIT</b><br>1623   | <b>ATTORNEY DOCKET NO.</b><br>MSU 4.1-691 |
| <b>APPLICANTS</b><br>Robert H. Cichewicz, Santa Cruz, CA;<br>Muraleedharan G. Nair, Okemos, MI;<br>James H. McKerrow, San Francisco, CA;  |   |                               |   |   |
| <b>** CONTINUING DATA *****</b><br>This application is a DIV of 10/317,906 12/12/2002 PAT 6,800,615 which claims benefit of 60/372,576 04/15/2002 and claims benefit of 60/389,368 06/17/2002   |   |                               |   |   |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                               |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br>** 04/28/2004   |   |                               |   |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and Acknowledged <i>Ellen K. Kelle</i><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>7  | <b>TOTAL CLAIMS</b><br>12                 |
|   |   |                               |   | <b>INDEPENDENT CLAIMS</b><br>10           |
| <b>ADDRESS</b><br>21036   |   |                               |   |   |
| <b>TITLE</b><br>Antihelminthic anthraquinones and method of use thereof   |   |                               |   |   |
| <b>FILING FEE RECEIVED</b><br>1772  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |